U.S. Department of Labor Office of Labor-Management / Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From;

	1 / 1 / 104 Through: 12 / 31 / 104	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name TIMOTHY LCUSTER	Name FLOMBORS & FIRSTITERS LOCAL	
	Labor Organization File Number ©7.0019	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Drawer E	
Street 650 RAGERS HILLERD	Street	
City SOUTH FORK	City YOUNG WOOD	
State <b>PA</b> 21 21 21 Code + 4 <b>1595</b>	State <b>PA</b> ZIP Code + 4 <b>15697</b>	
5. Position in labor organization. BUSINESS AGENT		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests . (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Annual Market Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street China Control of the Control		
City (Annual Control C		
State ZIP Code + 4 Zip 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Little J. Carlos	on 8-9-05 814-472-5404	
	Date Telephone Number	

Name of Person Filing TIMOTHY L CUSTER

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File Number U-

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name TOM WHITE  Trade Name, if any: GOLDBERG, PERSKY + WHITE  P.O. Box, Bldg., Room No., if any  Street 1030 STAVE 314 Floor  City PITTSBURGH  State PA	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  GOLF 4 DINNER  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, it any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 74/2. 2	2. Fiscal Year Covered From:	
in figure .	T/ 15 / 504 Through: (32 / 31 / 504)	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name TIMOTHY LICUSTER	Name PLUMBERS & PREFITTERS KOCAL	
	Labor Organization File Number 070019	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Drawer I	
Street 650 RAGERS HILLIAD	Street	
City SOUTH FORK	City YOUNG WOOD	
State PA ZIP Code + 4 IS9 S 6	State <b>PA</b> ZIP Code + 4 <b>15697</b>	
5. Position in labor organization.  BUSINESS AGENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
	7.b. Amount.	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.	
P.O. Box, Bldg., Room No., if any Street City		

814-472-5404

Telephone Number

Name of Person Filing TIMOTHY L CUSTER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name HIGHMARK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street SHAYE PLACE STEP 2307  City PITTSBURGH  State PA	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	GOLF4 DINNER	
Street		
City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	· · · · · · · · · · · · · · · · · · ·	
Street		
City I I I I I I I I I I I I I I I I I I I		

ZIP Code + 4

or Consultant

14.b. Amount of payment.

13.b. Is the Business an Employer

State

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

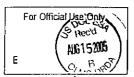
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31 / 34 Through: 42 / 31 / 54

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3. Name and address of person filing.

1. File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Labor Organization File Number

4. Name, file number, and address of labor organization.

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Drawer 1	
Street 650 RAGERS HILL RD	Street	
CITY SOUTH FORK	City YOUNG WOOD	
State PA ZIP Code +4 VS95 6	State <b>PA</b> 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
5. Position in labor organization.  BUSINESS AGENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
5 18-9-05 1 1914-172-5101		

Date

Telephone Number

File Number U-Name of Person Filing TIMOTHY L CUSTER B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employer's name. GOLF4 DINNER Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name " Trade Name, if any: P.O. Box, Bldg., Room No., if any City State 14.b. Amount of payment. or Consultant 13.b. Is the Business an Employer